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Canadian children with greater freedom to roam show lower psychological distress

Parents today likely won't be surprised to know their children have far less freedom to travel in their neighbourhoods than they did. But what they might not know is how that could affect their children's mental health.



Dr. Richard Larouche, a Faculty of Health Sciences professor at the University of Lethbridge, and other researchers across Canada have found children's independent mobility (CIM), which is children's freedom to roam and explore their neighbourhood without adult supervision, has declined over the past 50 years. Researchers have also noted the decline in CIM happened at the same time as a

major increase in mental health problems such as anxiety, depression and suicide among children and adolescents.

“While there seems to be an association between mental health and CIM, there was no longitudinal evidence to support the idea,” says Larouche. “Using data from a national longitudinal study we conducted between December 2020 and June 2022, we tested the hypothesis that higher CIM would be associated with lower levels of distress during the COVID-19 pandemic.”

The data were obtained from parents of 2,258 seven- to 12-year-olds in Canada. They were surveyed every six months and asked to assess their children's distress and indicate how far children were allowed to roam alone or with friends or siblings — their home range.

“Consistent with our hypothesis, a higher home range was associated with lower odds of parent-perceived distress among Canadian children during the COVID-19 pandemic,” says Larouche. “Children with the highest level of home range had 39 per cent lower odds of having elevated distress. This is a notable difference given that just over half of the children met the threshold for elevated distress at the beginning of the study. The proportion

declined slightly to about 42 per cent by the end of the study when most COVID-19 restrictions were lifted.”

While the study included a relatively large national sample size, the researchers say intervention studies are needed to further investigate the relationship between CIM and mental health and determine causality.

“Our findings concur with research showing that in-person school attendance was associated with better mental health than online attendance,” says Larouche. “Our results underscore the need to provide more mental health support for children during pandemics, especially for low-income families and children attending school remotely. Supporting CIM may be a no-cost, equitable approach to promote physical activity and support child development and mental health.”

The researchers suggest pediatricians and health professionals consider promoting the benefits of children getting out and about. The Canadian Paediatric Society released a position statement earlier this year regarding the benefits of [outdoor risky play](#). CIM is viewed as one example of risky play, which is defined as thrilling and exciting play that can include the possibility of physical injury. Urban planners and policymakers could ensure children have access to places that support their independent mobility, including parks, playgrounds and walking and cycling paths. UNICEF’s [Child Friendly Cities Initiative](#) is one such example.

“More research is also needed to develop, implement and evaluate effective interventions to promote children’s independent mobility,” says Larouche.

[Read this news release online.](#)

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